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CONTENTS.

CLINICS.

Clinical Lecture on Failure of Diagnosis, delivered at Westminster Hospital. By B. Phillips, F. R. S.

Gentlemen,—Before I proceed to the subject of my present lecture, I may just express my regret that a more extended course of clinical instruction than is at present prescribed, is not insisted upon by those who have the superintendence of medical education. The experience of nearly two centuries (for Francis de le Böe taught in 1658) has sufficiently shown its value, and indeed no one seems to doubt that; but the conviction of its importance is not sufficiently acted upon; and it is only in the hands of a few great men, such as Boerhaave, Van Swieten, Stoll, Hildenbrand, Scarpa, Desault, Corvisart, Dupuytren, and some bright names in our own country, that the admission of its importance has been demonstrated by the crowds who attended upon the lecturer. A crowd of followers, however, is only to be attracted by some surpassing excellence in the teacher, (and that gift is not widely diffused,) but in a humbler sphere, much useful information may be imparted by less gifted persons.

In passing around the wards of an hospital, there is often danger that the student may estimate too lightly the difficulties which he will experience, not only in the treatment, but also in the diagnosis of disease. The practised eye of an able surgeon may enable him readily to pronounce, and with accuracy, upon many of the most obscure diseases which are presented in practice: and the difficulties to be experienced by the uninitiated are therefore not felt; and for that reason it may even be desirable that you should have opportunities of observing the practice of those who are not equally well informed, if it be only for the purpose of showing you that in the diagnosis and the treatment of disease, errors are by no means unfrequently committed.

I think it may not be an unprofitable occupation of your time, if I show you that from errors of diagnosis, even of a fatal character, few men, even the best informed, are altogether exempt; but when those

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errors are the result of an imperfect knowledge of disease—and this is sometimes found among those who fill responsible situations—their retention of such positions is not only to be deplored, but condemned. To the learner, cases of malpraxis have their value, not as things to be imitated, but as warnings, which in that shape may produce a stronger impression than any verbal cautions which I might communicate.

It was said by Sydenham that if he *knew* a disease, he would be in a fair way to cure it; the science of diagnosis is, therefore, one of the most, if not the most important element in the successful practice of medicine. Louis said that the science of diagnosis holds the first rank among the elements of our art,—the most useful, the most difficult. The distinction of the character proper to each kind of disease, is the source of the curative indication. Without an exact diagnosis, a theory of treatment must be always at fault, and practice often fruitless. The best practitioner is unquestionably the man who knows best the nature of a disease, because he will best comprehend the appropriate remedy. Dexterity in operating, no doubt helps to determine success, but it occupies the second place,—it is not that which makes the great difference between one surgeon and another; depend upon it, a surgeon owes his superiority more to the accuracy of his diagnosis, than to the dexterity of his operation.

Greater facility of diagnosis is usually furnished to the surgeon than to the physician, (because the disease he has to treat is often, as it were, more superficial, more within reach of direct observation, more accessible to the finger and the eye; but it is not always so); and it is usually the case, that a greater knowledge of relative anatomy is possessed by the surgeon than the physician. The necessity of possessing this knowledge is felt by the surgeon every hour,—every fracture and dislocation, and every wound, call forth the exercise of this knowledge. And even when the diagnosis is so far complete that the nature and relations of the disease are perfectly comprehended, much is still left to the well-grounded surgeon. Must an operation be performed? he must satisfy himself of the state of the more important viscera. Would a surgeon be justified who amputated a limb of a person far advanced in phthisis?

A good diagnosis must embrace,—the history of the case, the existing symptoms, the application of the senses, so as to insure a perfect comprehension of the symptoms, and a logical reasoning deduced from all. For instance, you are called to a patient who complains that he has an injury of the shoulder,—it may be a fracture of the neck of the humerus, it may be a dislocation,—but he tells you how the injury happened, and all doubt is dissipated: he fell on his elbow, the arm being separated from the trunk; it is a dislocation. Another patient has a soft fluctuating tumour in the groin—there is no change in the colour of the skin; you hear from the patient that for many months he has had a dull pain in the loins,—you immediately conclude that, though the tumour is in the groin, the mischief is in the spinal column. The form of the part and the attitude of the patient are often most characteristic. It is said that Desault often recognized fracture of the clavicle by the attitude of the patient on coming into the amphitheatre. The face in peritonitis, the risus sardonicus in wounded diaphragm, who can mistake? Who can fail to detect gangrene by the nose, or carbuncle or syphilitic eruptions by the eye, or the crepitation of fracture by the touch? But with all our care, failure will come: your patient is too young, or too stupid, to give you an intelligible account of the progress of his disease. A little girl had a shortening of her leg, with inversion and pain at the hip—was it coxalgia? was it recent dislocation on the dorsum of the ilium? If she could have given an account of herself, that question would not have arisen. But she was an idiot, and had been picked up in the street by strangers. Take another case; a person has long had a hernial tumour, abdominal pains and vomiting come on suddenly,—is there peritonitis? is there strangulated hernia?

There are failures of diagnosis, which, however humiliating to the physician, may exercise no unfavourable influence upon the patient. For instance, inflammatory action set up in one viscus in a cavity, may require the same treatment as another, but in surgery, a failure of diagnosis may often lead to most disastrous consequences—frequently to the immediate destruction of life. It has been said, for instance, how great is the error of the physician who treats pneumonia for pleuritis; true, but how trifling compared to that of a man who plunges a bistoury into

an aneurism, which he mistook for an abscess; or his who cuts a man for stone when none exists; or who amputates a leg for caries, and finds none. It is not, however, the patient alone who suffers from such errors in diagnosis; they compromise, also, the reputation of the surgeon, and most justly, because in most instances they are mistakes which might have been avoided. Errors of diagnosis ought to be less frequent in the practice of the surgeon than that of the physician; but it is not the less true that his errors have been many and serious, and that they have often happened to able men: but I fear from an insufficient examination of the case.

Some years ago I turned over the pages of most of the medical periodical publications of the present century, and noted such things as seemed to me important, and out of that catalogue I shall draw forth cases of failure of diagnosis for your instruction; and I honour those men who have had the courage to brave the odium which such failures sometimes bring upon the heads of the actors. I could wish that the example were more commonly followed. I know no man more worthy of pity, than one who thinks himself, or wishes others to think, that he cannot commit an error. Another catalogue I draw from what I have observed myself, or have derived from those who had. A few have occurred in the practice of able men, but many in the practice of men whose ignorance ought to have prevented them from undertaking such important duties as devolve upon an hospital surgeon. For the most part, I have drawn my illustrations from the practice of foreigners; not because I have not found equally striking examples among ourselves, but because for various reasons I thought it better not to detail them.

I know at least eighteen cases where an aneurism has been mistaken for an abscess, and in several cases treated accordingly.

Ferrand, the celebrated surgeon of the Hôtel Dieu, punctured an axillary aneurism, and killed his patient.

Breschet described the case of a little girl, ten years old, who suffered from typhus fever; on several parts of the body collections of pus appeared. A tumour was observed at the anterior and superior part of the chest, extending to the left side of the neck. Gradually it extended to the mastoid process; there was fluctuation; no change in the colour of the skin; no heat at the part. The tumour did not diminish under pressure; no pulsation was observed. A young man in attendance punctured it, and a large quantity of dark blood escaped. The cavity was plugged; during the night the part became distended with arterial blood. The patient died. Upon examination after death, the tumour was found to be formed of two portions, one external, the other within the chest. The blood had escaped from a perforation in the aorta.

Dupuytren treated a case of tumour of the axilla, which was observed some days after attempts had been made to reduce a dislocated shoulder. There was fluctuation, no change of colour, and no appreciable pulsation. He thought he had to do with a case of abscess; and he punctured it; arterial blood escaped, and compression was applied. Pelletan objected to Dupuytren's proposition to apply a ligature to the subclavian, and the woman died.

In 1812, at another hospital, an aneurism was mistaken for a bubo: it was punctured, arterial blood escaped; plugging was employed, and the artery was obliterated.

Palleta punctured two tumours in the thigh; they were not very painful; there was no change in the colour of the skin, and there was no fluctuation. He found the cellular tissue gorged with blood, and did not proceed further. The patient died on the third day. The femoral artery had given way just as it got behind the femur, and the tumours were formed of extravasated blood.

White tied the iliac artery in a case where an aneurismal tumour over the sciatic notch was mistaken for abscess, and opened.

At St. Bartholomew's Hospital, many years ago, an aneurismal tumour, which had undergone cure by firm consolidation of the contents, was mistaken for exostosis of the femur, and the limb was amputated.

Morgagni mentions a case of false aneurism at the bend of the arm, which was mistaken for abscess, and punctured; a quantity of blood escaped; compression was used, but the hemorrhage returned, and the artery was secured by Valsalva.

Guattani saw a popliteal aneurism opened for abscess; there was violent hemorrhage, it was arrested by compression, and the artery was obliterated.

Desault was consulted about an aneurism at the bend of the arm of a child six and a

half years old; it was poulticed, and the surgeon was about to open it. It was cured by compression.

Petit (M. A.) mentions the case of a woman who had been operated on for cancer of the breast. A tumour formed at an angle of the wound; it was hard: there was no change in the colour of the skin; no pulsation. After a time it became painful, and fluctuation was perceived. Desault punctured it. Instead of pus, clotted and fluid blood escaped, and it was only arrested by pressure made on the axillary artery, and by the ligature of some smaller arteries which fed it. The patient died in a couple of months, from repeated hemorrhages from the part.

Warner opened a popliteal aneurism by mistake; he immediately amputated the limb, and saved the patient.

Boyer described a case where a man had erysipelas of the foot and leg; swelling remained in the popliteal space, and suppuration seemed to have taken place there. Two years after that fluctuation was manifest there, but no pulsation; a moderate opening was made in the centre of the tumour, and some pus escaped. The size of the tumour was not much lessened. In eight days, a terrible hemorrhage occurred, and the patient died. It was found that there was aneurism, and that the sac had been surrounded by an abscess.

Scarpa mentions the case of a young man who had aneurism at the bend of the arm, which was nearly cured by compression, when he left the hospital. Some months afterwards he received a blow from a club on the part; inflammation set in around the joint. He was seen by Volpi, but no mention was made of the former disease. He opened the abscess just where the aneurism had existed. A large quantity of pus escaped; a clot which was found at the bottom of the wound was removed, when a great jet of arterial blood appeared. Taking into account the condition of the patient, amputation was performed.

A person applied to Guattani to ascertain whether a tumour which he had in the right groin, was soft enough to be opened; he had been advised by several surgeons that it was. Guattani suspected aneurism, but the other surgeons being of a different opinion, the tumour was opened, and blood gushed out. Guattani knew another case where aneurism had been mistaken for bubo, and covered with plasters.

Desault mentions a case where an axillary aneurism was mistaken for abscess. M. Crossing's case was mistaken for rheumatism. Mr. Baker tied the axillary artery for a tumour of the axilla supposed to be aneurism: the case was fungus hematodes.

Mr. Macilwain and Mr. Kingdon each cite a case of disease of the hip-joint, in which the femoral artery was so raised as to induce a belief that the tumour was aneurism.

In the Edinburgh Journal (Oct. 1836) is mentioned the case of a man, who, after a fall, had an acute pain in the left side; in a fortnight the thigh swelled, and in another fortnight a tumour was observed in the groin, extending from Poupart's ligament to the iliac spine; it was tense, insensible to pressure, and there was obscure pulsation over its whole surface. By means of the stethoscope a bruit de soufflet was detected. The surgeon believed he had to do with iliac aneurism, and proceeded to the ligature. After incising the abdominal integuments, he found that the tumour was solid, and removed it. It was a medullary tumour.

In the Clinique Chirurgicale of Pelletan, is a case of an old soldier, who had severe pains in the loins which were treated as rheumatism. After a month, a tumour was observed in the iliac region in the course of the psoas muscle; fluctuation in it was manifest. After a consideration of the circumstances, and after having observed a slight gibbosity, the tumour was regarded as abscess depending upon vertebral caries. It was not, however, opened, and after a time pulsation became evident. It was an enormous aneurismal tumour, which had destroyed the bodies of four vertebræ.

Scarpa mentions a case of tumour of the groin, which had succeeded suddenly upon a violent exertion. When observed, it was of the size of an egg; it gradually increased to that of a child's head, and became painful. Mayer seeing it in the situation of a femoral hernia, and failing to reduce it, proceeded to operation. After having incised the integuments, he opened the fascia lata, when the blood spouted out; compression was immediately applied, and the tumour was reduced to the size of an apple, and the man was able to resume his former occupation.

Berard describes a case where a tumour in front of the chest, resulting from empyema, was mistaken for aneurism. The patient himself was convinced it was an abscess,

and plunged a pin into it, when pus escaped. He recovered.

In some cases the mistake may be pardonable, from a general similarity in the symptoms. Thus, I have known a psoas abscess pointing in the labium to be mistaken for a hernia. This was excusable, because the history of the case did not lead to the belief that the disease was psoas abscess. There was little or no pain in the back, there was a total disappearance of the tumour, when the patient had laid down for some time, and there was a distinct impulse communicated on coughing.

In Desault's Journal is a case where an hydatid tumour of the labium was mistaken for hernia. Many surgeons were of that opinion. Desault, finding that the tumour, though movable, was not reducible,—that it was transparent and fluctuating,—that, when dragged down, an interval was left between it and the ring,—pronounced it to be a cyst, operated, and cured it.

Pelletan mentions a case where a cyst in the vagina was mistaken for hernia: it was as large as an egg; coughing seemed to increase it. This circumstance, together with its apparent reducibility, led to the error. I knew a case where a vaginal hernia, in which there was a distinct globular protrusion, was mistaken for a vaginal polypus, and in which, if the patient had consented to the use of the ligature, it would have been applied, and the death of the patient would have been the probable consequence.

Boyer mentions a case, and I have known myself another case, in which a medullary tumour of the testicle was tapped for hydrocele. Nothing, however, but gross ignorance or carelessness could have occasioned such a mistake; for there must have been doubt enough to make an exploratory puncture proper. It is true that the diagnosis of medullary enlargement of the testicle is often very difficult: its oval shape, its elasticity, and the sensation of fluctuation, have several times misled practitioners, even the most experienced. In Monro's collection there was such a case; in Dr. Jeffrey's collection at Glasgow, there was one; Wardrop mentions one; Cooper mentions several. Hunter, Cline, Pott, Beclard, have all mistaken pulpy testicle for hydrocele. Pott mentions a case where a syphilitic affection of the testicle was mistaken for hydrocele, and punctured. Sabatier mentions a case of hydrocele mistaken for sarcocele, where Dupuytren removed the testicle before the sac was opened.

Dr. Carswell drew a case in which a calculus, which had made its way out of the urethra, and imbedded itself in the adjoining tissue, gradually enlarged, until it eventually sank into the scrotum, and was mistaken for sarcocele.

Pott mentions the case of a man, who fell down, and hurt his groin: swelling followed, and constipation. The surgeon (Fricke) thought the tumour was a hernia, and attempted to reduce it. Failing, he proceeded to operation, and the tumour was found to be a collection of coagulated blood.

Mr. Lizars performed gastrotomy for the purpose of extracting an ovarian cyst, which had no existence. It would seem that a very prominent sacrum had something to do with this mistake.

Several other cases have occurred where gastrotomy was performed for the extraction of similar tumours, which were not to be found.

(To be continued.)

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

The real character of Homœopathy.—Homœopathy is in our judgment skepticism. Without doubt, this skepticism, which makes of medicine a science of divination, of Pagan augury, ought to be stigmatized as a jugglery, unworthy at once of those who employ it, and those who are imposed on by it. Is it not treason to the dignity of man, an insult to the nobleness of his nature, to treat him like a child, and to employ a lying science industriously elaborated, like a coral to lull him asleep in suffering and death? Pagan societies might well have such sciences, and revere them, but such a cheat is not allowable in the present day.—*Lond. Med. Gaz.*, May 1848, *Dr. Simon.*

Homœopathic Veracity.—Our readers probably remember how pompously the wonderful statistical reports of the homœopathic hospital of Gumpendorf, at Vienna, were announced. It now turns out, from the examination of the books of the establishment by M. Balfour, that these statements were mere forgeries. Dr. Fleischmann had stated that, during the year 1846, sixty-four patients suffering from pneumonia were admitted, of whom two only died, or three per

cent.; whereas, it has been found in the books that, in the space of three months, three pneumonic patients died out of nineteen—viz., fifteen per cent. It was also stated, that all the patients with ague were cured excepting two, who died, whilst the books gave within the above-mentioned quarter the name of a patient who left the hospital in a worse state of health than when he entered it: finally, two cases of pleuritic effusion and general anasarca were reported as cured, whereas the individuals left the house in exactly the same state as when they were admitted.—*Ibid.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Transactions of the American Medical Association.—This volume is rapidly passing through the press, and we hope in our next number to be able to announce its publication.

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Code of Ethics of the American Medical Association.—The committee of reception and arrangement of the Philadelphia delegation to the National Medical Convention which assembled in Philadelphia, in 1847, having a sum left, after paying the expenses of the Convention, have appropriated it to the publication of the Code of Ethics of the American Medical Association. The printers, Messrs. T. K. & P. G. Collins, at the suggestion of the committee, have kept the type standing, and will furnish societies with copies at the rate of two dollars and fifty cents per one hundred copies.

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American Insane Hospitals.—Dr. —— Patterson, formerly Assistant Physician at the Ohio State Lunatic Asylum, has been appointed Superintendent of the new Indiana State Hospital, at Indianapolis, and has entered upon the performance of his duties. The New Jersey State Hospital at Trenton, which is under the care of Dr. H A. Buttolph, was opened for the reception of patients, on the 15th of May, 1848. The Pennsylvania State Hospital, for the Insane, at Harrisburg, is now actually about to be built—the act of the last session of the legislature, appropriating 50,000 dollars, and modifying the previous law, having removed the difficulties which previously existed.

New Orleans Medical and Surgical Journal.—The editors of this Journal, in announcing the withdrawal of Dr. Fenner, one of the editors of this Journal, observe, "We fear that his retirement is but a prelude to that of others. The Journal is not supported as it should be by the Medical Profession of the South and Southwest. Three volumes of the Journal have been published, and nearly a fourth is ready, but it has been up-hill work with the editors. Of pecuniary compensation there has been none;—on the contrary, some of them have expended sums for which they have received no reimbursement. The editors cannot be expected to do this:—they cannot be expected to work and pay for their work. The Profession must support the Journal, not only with their subscriptions, but by their pens, or it must fail."

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Dr. H. B. Wilbur, of Barre, Mass., has opened an institution for the education of imbecile children, or children of weak intellect; somewhat on the plan of European institutions for the same purpose.

The objects of such institution are, First: a physical training or education, as the basis of all other; for experience has fully demonstrated the fact that such imbecility is almost always the result of defective physical organization.

Secondly: To supply various kinds of amusements calculated to fix the attention, and enchain the wandering and objectless thoughts incident to such imbecility.

And, finally, simple reading, that may prepare the way for higher development of the mental powers.

FOREIGN INTELLIGENCE.

Refusal of a physician to give evidence, on the plea that it was a betrayal of confidence.—There is now pending, in the (*ci-devant*) Cour Royale of Poitiers, a case of appeal which is interesting in a medico-legal point of view. Dr. Vivielle has been fined in costs, by a lower court, for refusing to give evidence as a witness, he considering the confidence placed in him by his patient to be of a sacred nature. He had attended a Mr. B—— for a venereal affection, and the wife, having been injured in her health by this circumstance, was also obliged to put herself under his care. She now sought a sepa-

ration, and demanded from her medical attendant that he should disclose to the court every circumstance connected with herself and husband, which, as above stated, Dr. Vivielle refused to do.

The Medical Society of La Rochelle, where the parties are residing, has taken up the matter, and its members have testified to their associate their approval of his conduct. We must not omit to add, that this same Cour Royale of Poitiers gave, in 1828, a verdict in favour of the secrecy of medical men in certain circumstances. Several letters have appeared in the French medical journals, advocating different views on the question, and the celebrated Lammenais has been made to give his opinion. He very justly remarks, "that a medical man has two distinct duties to perform—one towards his patient, the other towards society; and if it be incumbent upon him, in the latter capacity, to apprise the authorities of the existence of a contagious disease, it is equally right and just that he should disclose any circumstance which might lead to the detection of wrong." In our own country, a medical witness who refused to give evidence when called on in a court of law, would be liable to imprisonment for contempt of court.—*Lancet*, May 13, 1848.

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Treatment of the Insane—a new kind of Strait Jacket.—Influenced by the conscientious conviction, that to treat certain desperate and intractable cases of insanity by the use of mechanical restraint, and to apply it also to lunatics when they suffer from grave bodily disease, requiring the horizontal position, and as little expenditure of muscular power as possible, is most wise and most humane,—we now suggest a new means of restraint, which we have found of easy application, little irksome to the patient, and secure when applied. The object to be attained, is to prevent flexion of the fore-arms; and we attain this end by making the sleeves of a jacket or bedgown of stout leather. When this is applied, the arms remain extended, but there is perfect freedom of motion at the shoulder-joint, and the body itself is unembarrassed by any means of constraint whatever. The cylinders of leather forming the sleeves of the restraint dress are large and roomy, and exert no pressure whatever upon any part. It is obvious that with such a dress on, a patient may be allowed liberty to roam about, and yet be incapable of doing violence to himself or others. Although there is freedom of motion at the shoulder-joints, persons prone to suicide could not reach the head and neck, owing to the want of flexion at the elbow: violence to others is prevented at the same time, seeing that little force can be exerted with an extended fore-arm.—*Lond. Med. Gaz.*, May 1848, from *Dublin Quarterly Journal.*

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Asiatic Cholera.—The Asiatic cholera is still prevailing in and about the neighbourhood of Constantinople. At Marmora and Scutari, which are about twelve leagues distant from Constantinople, no less than 145 cases had terminated fatally. The latest intelligence from Aleppo announces the occurrence of two cases in that town.

It is reported that the cholera has again broken out at Nijni Novgorod and at Moscow. In the first of these towns there have been twenty-two cases and twelve deaths between the 8th of April and the 1st of May. There is no announcement of its progress westward.

It appears from official returns, that during the last year 300,000 persons had been attacked, and about 100,000 persons had perished in Russia. In certain towns in Russia, comprising a population of 411,245, 21,295 persons had been attacked, of whom 11,361 had died, the number attacked being 1 to 19.5 of the population. In nearly the same towns, but with a smaller population, 305,329, the number of sick on the former visitation in the year 1830-31 was 15,550, of whom 9,018 died, the number of sick being then 1 to 19.6 of the population. The late course of the disease in Russia has been in all respects similar to its course in 1830-31.—*Lond. Med. Gaz.*, May 1848.

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The Choroid Plexus the Organ of Sleep.—Dr. Osborne, on the 13th inst., made a communication to the Medical Association of the College of Physicians of Dublin, the object of which was to show that the choroid plexus is the organ of sleep, that it is an erectile tissue, and in the performance of this function enlarges its dimensions, so as not only to compress the origins of the cerebral nerves and spinal marrow, but to prevent the blood from circulating through the upper regions of the brain. He considers the ventricles as the cavities intended for its reception, and expects that great light will be thrown upon the pathology of epi-

lepsy by examination of the choroid.—*Lancet*, March 25, 1848.

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Spontaneous Cure of an Ovarian Tumour.—In one of the late sittings of the Société Medico-pratique of Paris, a case of encysted ovarian tumour, of several years' standing, was brought forward, which disappeared in a few days, after very considerable micturition. M. Dobigny, who attended the lady, (of middle age,) asked the Society for the solution of the problem, whether the cyst opened into the bladder, or was merely effused into the peritoneum, absorbed, and carried off by the kidneys. He gives no other symptom but a feeling expressed by the patient, as if some liquid were falling drop by drop into the cavity of the abdomen. Another member mentioned a similar case which had occurred in his practice. We do not find that any of the members present gave an explanation of the phenomena, nor was it very easy to do so, considering the imperfect account of symptoms given.—*Ibid.*

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Condition of the Gums in Phthisis.—Dr. Frederick mentions a brick-red line on the gums of phthisical patients near the teeth. It is most marked over the incisor and canine teeth. Since his attention was turned to the symptom, he has observed it in numerous cases, but cannot say at what period of the disease it first shows itself. He has not met with it in other diseases.—*Prov. Med. and Surg. Journ.*, May 17, from *Union Méd.*, 1848, No. 5.

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Professor Syme.—This gentleman has resigned the chair of Surgery in University College, London, to which he was recently appointed. He returns forthwith to Edinburgh, and has signified his intention of becoming a candidate for the chair of Surgery in the University of Edinburgh. It is stated by the friends of Prof. Syme that he has been successful in private practice during his brief sojourn in London, and that he resigns his office solely from a desire to avoid becoming a party to the dissensions in which the council and officers of University College and Hospital appear to him to be inextricably involved. A deputation of students have waited on the Prof., and requested him to recall his resignation, but this he declined, stating that it would be conducive neither to their interests, nor his own for him to remain longer connected with the college and hospital.

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The late Mr. Liston.—It is said that the property left by this eminent surgeon amounted to only £5,000 exclusive of that arising from the sale of his effects.

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Ovariotomy.—Dr. Clay, of Manchester, states that he has performed ovariotomy on 28 patients, 18 of whom had recovered.

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A new Narcotic.—Deiamba, or Congo tobacco, is a wild plant, found on a large spot of swampy ground, near the Congo or Zaïre river, Africa. Its general height, when fully grown, is from six to seven feet; its long and expanding branches are covered with thin leaves about three inches long, and under this foliage are bunches of flowers which contain the seeds, sprouting out immediately between the smaller branches. This flower, when plucked, is exposed to the heat of the sun for several days together, till it is perfectly dried, before being used. In smoking it, the smoke is not always let out; the greater part of it is swallowed, and when swallowed to excess, it intoxicates. Its powers are stated to have been discovered by a hunter, who, having shot an antelope, discovered a large herd of these animals near the spot, which made no attempt to escape, and were accordingly all taken alive. On exploring the place where these beasts had grazed, the people discovered that they had eaten more of this plant than of any other, and on making a trial by smoking it, they found it intoxicated them as well as the beasts. The deiamba is also known in the Portuguese settlements down the coast. Its seed was brought into the colony of Sierra Leone, by a slave vessel captured in the Congo river, and it is reported to be now used there both as a luxury, and a medicinal drug.—*Lancet*, June 10, 1848.

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Obituary Record.—Died, at Paris, on the 24th of May last, aged 71, M. Guersant (père), Physician to the Hôpital des Enfans, Member of the Academy of Medicine, &c.

—— at Lyons, Dr. Alphonse Dupasquier, Professor of Chemistry at the Medical School of that city, and one of the principal contributors to the Journal des Pharmacie et de Chimie.